

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

APPLICANT(S)

09/497537

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	4		4			
TOTAL	19		19			
TOTAL	23		23			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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